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Female circumcision among immigrant muslim communities: public debate in the Netherlands

Bartels, E.A.C.

published in

Journal of Muslim Minority Affairs
2004

DOI (link to publisher)

[10.1080/1360200042000296735](https://doi.org/10.1080/1360200042000296735)

document version

Publisher's PDF, also known as Version of record

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citation for published version (APA)

Bartels, E. A. C. (2004). Female circumcision among immigrant muslim communities: public debate in the Netherlands. *Journal of Muslim Minority Affairs*, 24(2), 393-400. <https://doi.org/10.1080/1360200042000296735>

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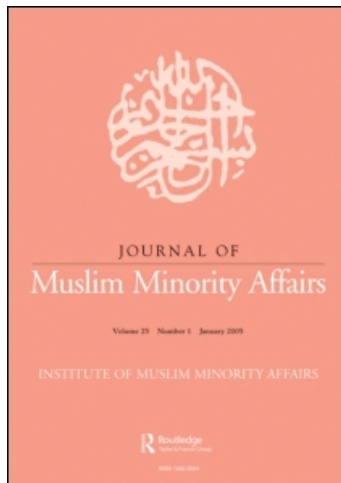
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Publisher Routledge

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Journal of Muslim Minority Affairs

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t713433220>

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To cite this Article Bartels, Edien(2004) 'Female circumcision among immigrant Muslim communities: public debate in the Netherlands', Journal of Muslim Minority Affairs, 24: 2, 393 — 399

To link to this Article: DOI: 10.1080/1360200042000296735

URL: <http://dx.doi.org/10.1080/1360200042000296735>

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Female Circumcision among Immigrant Muslim Communities: Public Debate in the Netherlands

EDIEN BARTELS

Abstract

Though the practice of female circumcision continues in several African countries it has remained unknown in most other societies. However, immigrants coming to Western Europe from countries in Africa where this practice persists sparked a public debate and social controversy at various levels. This paper focuses on the immigrant community in the Netherlands and reviews briefly what debates have taken place in that country on the practice of female circumcision. The paper then examines the relationship between religion, culture and ethnicity and the practice of female circumcision. Finally, the paper reviews the discussions during the first conference on female circumcision in Europe and examines why this is important, both for the fight against female circumcision and for the development of Islam in the Netherlands.

Introduction

The number of circumcised women in the world is estimated to exceed 70 million. Until about 10 years ago, female circumcision was not known to occur in Western Europe.¹ However, that has changed recently. Among the immigrants and refugees primarily from Africa, now living in the Netherlands and other Western European countries, there are many circumcised women, and the practice seems to continue among these newly-settled communities.² This last fact, in particular, has led to considerable discussion and action in the countries of Western Europe. In the Netherlands, the first public debate on female circumcision took place some 10 years ago. At present a second public debate is underway. Within this context, a remarkable conference was held on 20 December 2003 at the Islamic University of Rotterdam (IUR) on the Islamic view with respect to circumcision for girls. This conference was brought about through the initiative of the Federation of Somali Associations in the Netherlands (FSAN), in collaboration with the Islamic University of Rotterdam, the Dutch Association of Paediatrics, and Pharos, a centre of expertise for refugees and health matters.

The Debates

The first debate was initiated approximately 10 years ago as a result of a study conducted among 35 Somali refugee women. In the report on this study, 's Lands wijs, 's lands eer?',³ an attempt was made to provide insight into the reason for and background of female circumcision in its most radical form, i.e. infibulation, which most girls in Somalia are subjected to. The discussion that this study launched ensued primarily from the recommendation to allow a non-mutilating form of circumcision for girls to be practised—a puncture in the clitoris—under medical supervision, in order to comply with the Somali custom of circumcising their girls and yet prevent mutilation

from taking place. The researchers also appealed to the proposals and ideas circulating among Somali women in the Netherlands and to developments in the country of origin. The public reaction to this proposal was so fierce and indignant that its essence was often misunderstood. The researchers were sometimes even accused of supporting the practice of female circumcision, even though they were only trying to look for new ways to fight the practice. From these reactions, it has become apparent how difficult it is to combat an age-old custom. In an analysis of that debate, Suurmond⁴ revealed this bias. 'In the debate on girls' circumcision, the focus is on seeking a concrete solution for female circumcision (i.e. by prohibiting it) at the expense of the different participants.' In referring to the different participants, Suurmond means the most important partners in the discussion, i.e. the people that perform female circumcision. The debate was primarily focused on looking for a concrete solution to the problem. We also must note that not all parties involved took part in the debate. The edifice of 'barbarism', which played a role throughout the debate, led to keeping and leaving an important group of discussion partners, the Somalis,⁵ out of the debate. The subject of female circumcision continued thereafter to smoulder until the, what Suurmond calls, 'unheard essential group of discussion partners' expressed their opinion, even though occasionally.

Following reports or rumours of incidences of female circumcision taking place or the plans for such actions, the public reactions of disapproval have returned. This has led to actual measures being taken that are aimed at preventing it through education. In 1999, therefore, the Pharos Centre of expertise for refugees and health launched an information project which is run in collaboration with 'the leading discussion partner', the Federation of Somali Associations in the Netherlands. It is aimed primarily at education and prevention. A flyer entitled 'Female Circumcision in the Netherlands from Policy to Practice' was prepared for distribution. Key intervention is conducted by stimulating the processes of change with respect to the circumcision of girls within the Somali community. This is done by training the key figures and by having information providers actively involved in a series of information gatherings in three Dutch cities. Participants in these meeting are Somali men, women and young people.

The second public debate in the Netherlands began with the publication of the research report, *Strategies to Prevent the Circumcision of Girls: Inventory and Recommendations*.⁶ This report is based on research conducted among four groups of immigrants in the Netherlands, i.e. Somalis, Egyptians, Sudanese and Eritreans. The report reviews the legal aspects surrounding female circumcision in different European countries. The report also discusses prevention activities underway in the Netherlands, as well as European and international activities and networks. This report was published before the conference was held at the Islamic University of Rotterdam. The research attracted publicity only some four months later through newspaper articles. It is interesting to note that the debate has been dominated not by the research report, but rather by the announcement of a monitoring proposal from a member of parliament. A Dutch MP from the Liberal party, a one-time Somali refugee, is at the centre of this debate. She is campaigning to have an annual examination performed on girls from so-called risk countries in Africa by the juvenile health services at health clinics. It is this proposal in particular that is dominating the debate. In view of the costs involved the government is against it. The juvenile health service sees itself as an agency for prevention, not monitoring. The Somali organizations think these repressive monitoring measures endanger the openness that has been won through information campaigns that are focused on the subject of female circumcision within their own community. The authors of the research see these monitoring measures as unenforceable and

undesirable. Their standpoint is that Dutch society and the immigrant communities must together take responsibility in this area and that campaigns should be launched on several fronts at the same time. They start from the position of prevention and not from repression. Still, female circumcision and this proposed monitoring system is the subject of an intense public debate. Most of the other political parties, at least in public utterances, are going along with this proposal. It is interesting to note that, once again, the most important discussion partners, i.e. women/mothers that perform circumcision on girls, have not been given the chance to speak, even though this group is the focus of the research. This is why the discussion on the Islamic view of female circumcision is so important: among the four groups studied—Somalis, Eritreans, Egyptians and Sudanese—the majority are Muslim.

Origin of the Practice

Many societies in which female circumcision is practised are Islamic. In fact, people justify female circumcision on religious grounds. It has been introduced into societies in the name of Islam, as is the case in Indonesia and northern Iraq. The Dutch also associate this custom with Islam. It is often used in a series of arguments against Islam. This is remarkable because female circumcision is by no means practised in all Islamic countries or among all Muslims. In Saudi Arabia, the country that is at the heart of Islam, female circumcision is not practised. In the Maghreb (Morocco, Tunisia, Algeria), Turkey and Pakistan, the countries from which most Muslim immigrants in Western Europe come, the circumcision of females is also not practised. On the contrary, the research of Hoffer⁷ into Muslim immigrants and their attitudes towards physical integrity shows that the more orthodox Muslim immigrants are, the more they are against the circumcision of females in whatever form. Christians in areas where the circumcision of females occurs also practise the custom. In view of this, we must ask ourselves 'where does this custom come from?'

There is no certainty about the origin of the custom of circumcising girls. It seems clear that the origin must be sought way before the arrival of both Islam and Christianity. Most researchers assume that the custom began in Egypt. In pointing to Egypt as the country where circumcision began, reference is made to archaeological data and written history. On reliefs found there, dating from the time around 2200 BC, male circumcision is depicted. These sources for other parts of Africa do not go back as far in time. It can therefore not be excluded that circumcision developed in other areas of Africa 'independently', perhaps even earlier than in Egypt. Theoretically it is even possible that circumcision began elsewhere in Africa and was adopted by the ancient Egyptians. Historical evidence about the practice of circumcision of women is even harder to come by. The oldest indications of its occurrence are from the fourth century BC. Research conducted on a female mummy from the sixteenth century BC established that an excision had taken place. The popular view that the pharaohs or kings in ancient Egypt had their women infibulated in order to prevent them from committing adultery when they were away was not confirmed by these findings. This single discovery revealed only excision. The relationship between excision and the attempt to keep a rein on female sexuality is different from the relationship between infibulation, or pharaonic circumcision, and the attempt to keep a rein on female sexuality. Infibulation makes it impossible for intercourse to take place. Excision probably prevents women from reaching sexual orgasm, but it does not remove their feelings of sexual arousal.⁸

In any case, it is clear that the circumcision of girls has been practised for more than 3,000 years in some form or other mainly in Africa. During these 3,000 years, enormous social and cultural changes have occurred. Nevertheless, this custom has not disappeared. It is clear that the custom was practised long before the arrival of Christianity and Islam.

Little is known not only about the custom's origin, but also about the spread of the practice. Most researchers think that the custom spread from Egypt. Before the beginning of the Christian era, there were trade contacts between Egypt and the area to the south-west of the Sahara (Mali, Burkina Faso, Ghana). This could indicate that it spread to West Africa. The tribes that moved south from north-east Africa could have introduced the custom in east Africa, e.g. Ethiopia, Kenya, Tanzania. When the population later became Muslim, the local customs were then simply retained by the new converts. This scenario could also provide an explanation for the Shafi'i school of law (especially represented in north-east Africa, including Somalia) which addresses the circumcision of men and women. On the other hand, from the perspective of Islamic ethics, based on the Qur'an, there is a clear vision set forth concerning a person's physical integrity and the rejection of intervention with the human body for reasons other than on medical grounds.⁹

Islam and Female Circumcision

What is Islam's position on female circumcision and why and how can people appeal to Islam either to justify the practice of circumcising girls or to combat the practice? These questions were the centre of focus during the conference held in Rotterdam on 20 December 2003 at the Islamic University of Rotterdam. As stated above, this conference was held at the initiative of Somali immigrants in the Netherlands, the Federation of Somali Associations in the Netherlands (FSAN), in collaboration with the Islamic University of Rotterdam (IUR), the Knowledge Centre for Refugees and Health Matters (Pharos) in Utrecht and the Netherlands Association of Paediatric Medicine (NVK).

Several important papers were presented at this conference. On behalf of the Federation of Somali Associations in the Netherlands (FSAN), Zahra Naleie spoke about the circumcision of girls in the Somali community in the Netherlands. Jacobi Stigter spoke on behalf of the Netherlands Association of Paediatric Medicine (NVK) about the health risks posed by circumcision performed on young girls and women. Following paper presentations, members of the Islamic university community were given the opportunity to speak. The Vice Chancellor of the University, Professor Ahmet Akgündüz, gave a lecture on 'Circumcision in Islam: A War is Raging about Female Genital Mutilation'. The Dutch *imam*, Abdelwahid van Bommel, gave a speech on the 'satanic' practice called 'girls' circumcision' in his paper with a sedate title, 'The Concept of Female Circumcision'. Dr Mohammed Al-Amrani spoke on the interpretations of supporters and opponents of the practice, 'Female Circumcision, from Fanatics to Opponents' and Dr Mohammed Jawad Al Tourahi spoke on 'Female Circumcision According to the Dja'fari ("Fiqh") School'. All of these papers have been published on the Web.¹⁰

These paper presentations were followed by a discussion between the audience in the hall and a panel consisting of the people who had given lectures. In this discussion, a wide range of subjects came up in relation to the subject of female circumcision. The topics varied and covered the view held by Islam on female circumcision from the

perspective of the different schools of religious law; an explanation of the concept of '*sunnah*' in issuing a statement on female circumcision; how to deal with mothers from countries such as Somalia that come to the health clinic with their children; and the necessity for broad-based information. There were many interested parties, about 100 altogether, from different backgrounds. There were, for example, representatives of Somali immigrant organizations, doctors, nurses, scientists and the press. The public was also diverse from a cultural perspective: Dutch, Somalis, Turks, Moroccans, etc. Sometimes the discussion became chaotic and heated, and a range of comments led to misunderstandings. In view of the involvement of the participants and their diverse backgrounds, this should come as no surprise.

Seeing the diversity of the background of the organizers, it was clear that the conference would become focused on 'action'. And it could rightly be expected that the gathering would be a very special action conference. The opponents of female circumcision in the Netherlands can be found in women's groups, refugee groups, among paediatricians, gynaecologists and obstetricians, the professional groups and interest groups that have to deal with immigrants and refugees coming from areas where female circumcision is practised. Representatives from all these groups were present. The arguments against the practice of circumcising girls were found by these opponents in the consequences the practice has for health and a person's physical integrity. But the pressing question is whether or not these arguments have sufficient impact on the people from countries where this practice is traditional and established. Religious arguments against the circumcision of girls might be viewed by the people involved as being more valid. Such arguments had been presented during the meetings held by Pharos, the information centre for refugees on health matters, in the context of the information project, though they had not yet been placed at the centre of focus as they had been at this conference. This is not surprising, because authoritative figures in Islamic thought in the Netherlands primarily come from Turkey and Morocco, where most of the Islamic immigrants in the Netherlands come from, and where the circumcision of girls is not practised. For them this custom is very foreign. The issue of Islam and female circumcision is not directly relevant in their experience. Dr Al Amrani said that during his entire stay in his fatherland, Morocco, he had hardly ever heard anything about female circumcision. Only in the Netherlands is he confronted with discussions about this custom.

Conclusion

Against the background outlined here, this conference at the Islamic University of Rotterdam was particularly significant. Muslims in the Netherlands that fall under Islamic schools of religious law in which the circumcision of girls is not addressed—and who have actually never been involved in circumcising girls and reject the practice—are nevertheless trying to be clear about the rejection of this custom from the Islamic point of view. In so doing, they are taking responsibility for each other. Discussion is now underway about the development of a 'Dutch' Islam. From this perspective, this was a very special and fruitful gathering with a clear message: in Islam, as it is developing in the Netherlands, there is no place for the circumcision of girls. This is not only because the circumcision of girls is prohibited in the Netherlands and because it involves so many health risks. It is also because, from the perspective of Islam as it is experienced and practised here, it simply cannot be defended. This will give Somali organizations the ready arguments they need to characterize the circumcision of girls as a 'cultural

phenomenon' and not a prescribed religious rite. After all, a cultural custom can be given up. For this reason, the conference was concluded with a statement and press release in which the Islamic University of Rotterdam appealed to all Muslims to abandon the damaging practice of circumcising girls. The university did so in line with the declaration of the *sheikh* of Al Azhar University in Cairo, Dr Abdar-Rahman Al-Naggar. During the conference held in 1985 in Nairobi, he categorically rejected the practice of female circumcision in all its forms.

NOTES

1. Girls are circumcised in different ways. Incision, in which a small incision is made in the clitoris or in its foreskin; *summa* circumcision, in which the foreskin above the clitoris is removed; excision, in which the clitoris is removed; clitoridectomy, whereby the clitoris is cut away along with (a small part of) the labia minora; infibulation or pharaonic circumcision, in which, after excision, the labia majora are made raw or partially cut away, after which the edges of the wound are stitched together. Reinfibulation is a common practice performed after a woman gives birth, whereby the enlarged opening of the vagina is reduced in size through reinfibulation.
2. I am speaking here about the circumcision of girls. The term genital mutilation or Female Genital Mutilation (FGM) has been the term adopted in the last 10 years by many women's health and humans rights activists. The term clearly indicates that this is a damaging practice. The WHO (World Health Organization) also uses the term Female Genital Mutilation (FGM). The abbreviation, FGM, is now understood everywhere and so is used worldwide. On the other hand, it seems that organizations that work with people from groups that practise the circumcision of girls run the risk of insulting their target group or even shocking them by using this term because the people involved do not see these practices as mutilation or as degrading. For this reason I have adopted the term female circumcision. A second reason for using the term female circumcision is the great variation in the types of circumcision that exists. The policy against and the prevention of girls' circumcision in the Netherlands is primarily aimed at Somalis that circumcise their daughters using the most radical form of circumcision, infibulation. By referring to it as genital mutilation, the term is linked to this radical type of circumcision and other groups that practise the less radical forms could be given the impression that prevention efforts are not being aimed at their customs. There is also a third reason for using the term girls' circumcision. Genital mutilation is a concept that does not specifically denote the involvement of girls. The circumcision of boys could also fall under this concept. Finally, there is a fourth reason for using the term girls' circumcision. It is because, with the term genital mutilation, no distinction is made with respect to a person's age. In my view, there is an essential difference between the girls' circumcision and reinfibulation (which is done after a woman gives birth). Reinfibulation must be distinguished from the circumcision of girls. It could be characterized as female circumcision because it concerns women that, after giving birth, want to have their infibulation restored. Reinfibulation is only common in societies in which infibulation is practised. girls' circumcision in other forms does not call for a new circumcision to be performed after a woman gives birth. So this pertains to adults that, in the eyes of the law, are capable of making the decision for themselves.
3. K. Bartels and I. Haaier, 's Lands wijs, 's Lands eer?: vrouwenbesnijdenis en Somalische vrouwen in Nederland (*National Custom, National Honour? Female circumcision and Somali women in the Netherlands*), Rijswijk: Centrum Gezondheidszorg Vluchtelingen, 1992.
4. Janny Louise Suurmond, *Grenzen aan grenzen: Een analyse van publieke debatten over vluchtelingen en migranten in termen van zorg en rechtvaardigheid* (*Limits to Borders: An Analysis of Public Debate on Refugees and Immigrants in Terms of Care and justice*), Maastricht: Shaker Publishing, 1998, p. 90.
5. *Ibid.*
6. Anke van der Kwaak, Edien Bartels, Femke de Vries and Stan Meuwese, *Strategiën ter voorkoming van besnijdenis bij meisjes: Inventarisatie en aanbevelingen* (*Strategies to Prevent the Circumcision of Girls: Inventory and Recommendations*), The Hague: Ministry of Social Affairs and Employment, 2003.
7. Cor Hoffer, *Levensbeschouwing en orgaandonatie: Een vergelijking van joodse, christelijke, islamitische en humanistische opvattingen* (*Ideology and Organ Donation: A Comparison of Jewish, Christian, Islamic and Humanist Viewpoints*), Amsterdam: Rozenberg Publishers/Dutch University Press, 2002.

8. Edien Bartels, 'Vrouwenbesnijdenis als markeringsritueel' ('Female Circumcision as a Ritual of Marking'), *Antropologische Verkenningen*, Vol. 12, No. 1, 1993, pp. 1–20.
9. Li-Janne Leusink, 'Islamitische, Somalisch en Nederlands recht: vrouwenbesnijdenis en lichamelijke integriteit' ('Islamic, Somali and Dutch Law: Female Circumcision and Physical Integrity'), in eds Anke van der Kwaak and Corneliëke Keizer, *Van verzwegen pijn naar stil verdriet. Visie op vrouwenbesnijdenis en verandering* ('From Concealed Pain to Silent Distress.' *View on Female Circumcision and Change*), Amsterdam: Wetenschapswinkel Vrije Universiteit, 2004, pp. 135–161.
10. See online: <www.islamicuniversity.nl>.

